Image# 27990465615

FEC FORM 1

## STATEMENT OF ORGANIZATION

| FORM 1                     |   | STRUCTION STRUCTIONS)  | Office use only                               |
|----------------------------|---|--|---|
| NAME OF COMMITTEE (in      | (Check if na full) is changed)          | me Example: If typying, type over the lines                            | 12FE4M5                                       |
| Nevada State               | Democratic Party                        |  |   |
|                            |   |  |   |
| ADDRESS (number and        | street) 409 Horn Stree                  | t  |   |
| (Check if addr             | ress LIIII                              | <u> </u>   |   |
| is changed)                | Las Vegas                               |  | NV 89107 -                                    |
|                            |   | CITY   | STATE▲ ZIP CODE ▲                             |
| COMMITTEE'S E-MA           |   |  |   |
|                            |   |  |   |
| COMMITTEE'S WEB            | PAGE ADDRESS (URL)                      |  |   |
| <u> </u>                   |   |  |   |
|                            |   |  |   |
| COMMITTEE'S FAX N          | NUMBER                                  |  |   |
| با لبنا                    |   |  |   |
| 2. DATE 0.8                | D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | ]  |   |
| 3. FEC IDENTIFICA          | ATION NUMBER                            | C C00208991  |   |
| 4. IS THIS STATEM          | MENT X NEW (N)                          | OR AMENDED (A)   |   |
| I certify that I have exam | ined this Statement and to the best of  | my knowledge and belief it is true, correc                             | t and complete                                |
| Type or Print Name of      | Treasurer Jan Church                    | nill   |   |
| Signature of Treasure      | Electronically Filed by <b>Jan</b>      | Churchill  | Date 08 / 08 / 2007                           |
| NOTE: Submission of fa     | ·                                       | tion may subject the person signing this S                             | Statement to the penalties of 2 U.S.C. S437g. |
| Office<br>Use<br>Only      |   | For further informati<br>Federal Election Com<br>Toll Free 800-424-953 | mission FEC FORM 1                            |

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|----|--------------------------------|---|---|
| 5. | TYPE OF COM                    | MMITTEE (Check One)   |   |
|    | (a)                            | This committee is a principal campaign committee. (Complete the candidate information below.)   |   |
|    | (b)                            | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)   | the candidate                           |
|    | Name of<br>Candidate           |   |   |
|    | Candidate<br>Party Affiliation | Office Sought: House Senate President   | State District                          |
|    | (c)                            | This committee supports/opposes only one candidate, and is NOT an authorized committee.   |   |
|    | Name of<br>Candidate           |   |   |
|    | (d) X                          | This committee is a (National, State (or subordinate) committee of the  | (Democratic,<br>Republican,etc.) Party. |
|    | (e)                            | This committee is a separate segregated fund  |   |
|    | (f)                            | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee.   | ted fund or party                       |
| 6. | Name of Any                    | Connected Organization or Affiliated Committee  |   |
|    | Nevada Stat                    | te Democratic Party   |   |
| L  |                                |   |   |
|    | Mailing Addres                 | 409 Horn St.  |   |
|    |                                | 1   | <b>.</b>                                |
|    |                                | Lus Vegas Lus Vegas Lus Las Vegas Lus Lus Vegas Lus Lus Vegas Lus Lus Vegas | 89107   _                               |
|    |                                | CITY STATE A  | ZIP CODE 🛦                              |
|    | Relationship                   |   |   |
|    | Type of Conne                  | ected Organization:   |   |
|    | Corpo                          | oration Corporation w/o Capital Stock Labor Orga  | nization                                |
|    | Memb                           | bership Organization Trade Association Cooperative  | 9                                       |

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|---|---|--------------------------------|----------------|
| Write or Type Committee Name  |   |                                |                |
| Nevada State Democratic Pa  | arty  |                                |                |
| <ol> <li>Custodian of Records: Identify possession of Committee book</li> </ol> | by name, address, (phone number<br>s and records.                         | optional), and position of the | ne person in   |
| Full Name   |   |                                |                |
| Mailing Address   |   |                                |                |
| _   |   |                                |                |
| Title or Position ▼   | CITY A  | STATE                          | ZIP CODE A     |
|   |   | Telephone number               |                |
| name and address of any designame   | address (phone number optional) of gnated agent (e.g., assistant treasure | f the treasurer of the commi   | ittee; and the |
| of Treasurer Jan Church   | III   |                                |                |
| Mailing Address   | 409 Horn St.  |                                |                |
|   | Las Vegas   | NV                             | 89107          |
| Title or Position ♥   | CITY A  | STATE▲                         | ZIP CODE ▲     |
| Treasurer   |   | Telephone number               |                |
| Full Name of Designated Agent   |   |                                |                |
| Mailing Address   |   |                                |                |
| _   |   |                                |                |
| Title or Position ♥   | CITY A  | STATE ▲                        | ZIP CODE A     |
|   |   | Telephone number               |                |

|    | FEC Form 1 (Revised 02/2003)   |   |   |   |  |   |  |  |  |      |     |    |      |     |      |     |     |      |      |      |     |     | _    | _    | Pa  | ge | 4    |     |             | _    |      |     |      |     |     |     |  |         |      |     |          |   |          |   |
|----|--------------------------------|---|---|---|--|---|--|--|--|------|-----|----|------|-----|------|-----|-----|------|------|------|-----|-----|------|------|-----|----|------|-----|-------------|------|------|-----|------|-----|-----|-----|--|---------|------|-----|----------|---|----------|---|
| 9. | Banks or Other I               | - |   |   |  |   |  |  |  | ll b | anl | ĸs | or ( | oth | er ( | dep | 008 | sito | ries | s ir | ı w | hic | h th | ne ( | cor | nm | itte | e d | lepo        | osit | s fu | ınd | s, h | old | s a | ccc | วนท  | ıts,    | rer  | nts |          |   |          |   |
|    | Name of Bank, Depository, etc. |   |   |   |  |   |  |  |  |      |     |    |      |     |      |     |     |      |      |      |     |     |      |      |     |    |      |     |             |      |      |     |      |     |     |     |  |         |      |     |          |   |          |   |
|    |                                |   | ı | 1 |  | 1 |  |  |  | 1    | 1   | 1  |      |     | 1    |     | l   | 1    |      | ı    |     | ĺ   |      |      | ı   | 1  | 1    | 1   |             | 1    |      | 1   |      | 1   | 1   |     | <u>.                                    </u> | <u></u> |      |     |          |   | <u> </u> |   |
|    | Mailing Address                |   |   |   |  |   |  |  |  | L    | L   |    |      |     |      |     |     | 1    |      |      |     |     |      | L    |     | L  |      |     |             |      |      |     |      |     |     |     | L  | L       |      | L   |          | L |          |   |
|    |                                |   |   |   |  |   |  |  |  |      | 1   |    |      |     |      |     | L   | 1    |      |      |     |     |      | L    | 1   |    |      |     |             |      |      |     |      |     |     |     | L  |         |      | 丄   |          |   |          |   |
|    |                                |   |   |   |  | L |  |  |  | L    | L   |    |      |     |      |     |     | 1    |      |      |     |     |      | L    |     | _  |      |     |             |      |      |     |      |     |     |     | L  | 丄       | _] - | - [ |          |   |          | Ш |
|    |                                |   |   |   |  |   |  |  |  |      |     |    |      |     | c    | Ή   | Υ   | △    |      |      |     |     |      |      |     |    |      |     | STATE △ ZIP |      |      |     |      |     |     |     |  | , C     | OD   | Œ   | <u> </u> |   |          |   |